
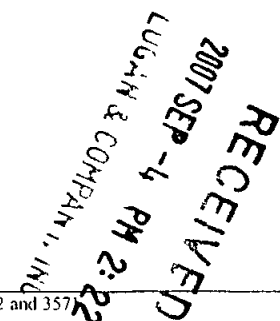


Exhibit A

to SPC Litigation Trustee's Objection to Claim Number 624 of
David Lemm

Proof of Claim No. 624

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF TEXAS CORPUS CHRISTI DIVISION		Chapter 11 PROOF OF CLAIM	This Space Is For Court Use Only Supplemental Bar Date – 5 00 P.M. Prevailing Eastern Time, September 5, 2007 Your Claim is Scheduled As Follows DEBTOR SCOTIA DEVELOPMENT, LLC FILED U S B C S D - TX CASE NO 07-20027 THRU 07-20032 CLAIM NO.: 624																		
Name of Debtor Against Which You Assert Your Claim (check only ONE box – If you have a claim against more than one of the Debtors, you must file a separate proof of claim against each Debtor) <input type="checkbox"/> SCOTIA DEVELOPMENT LLC – Case No. 07-20027-C-11 <input type="checkbox"/> THE PACIFIC LUMBER COMPANY – Case No. 07-20028-C-11 <input type="checkbox"/> BRITT LUMBER CO., INC. – Case No. 07-20029-C-11 <input type="checkbox"/> SALMON CREEK LLC – Case No. 07-20030-C-11 <input type="checkbox"/> SCOTIA INN INC. – Case No. 07-20031-C-11 <input checked="" type="checkbox"/> SCOTIA PACIFIC COMPANY LLC – Case No. 07-20032-C-11		NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.																			
A Name and Address of Creditor (The person or entity to whom the debtor owes money or property) <div style="text-align: center;">  </div> Creditor ID SCO-36534-BD-24 DAVID LEMM P O BOX 9066 EUREKA CA 95502-9066		767-445-1367 Telephone Number of Creditor 767-441-1835 Fax Number of Creditor (If your address has changed or is incorrect as it appears in Item A, please provide corrections)																			
B Name and address of person to whom notices must be served, if different from above (Check box if) <input type="checkbox"/> replaces address above <input type="checkbox"/> additional address Name _____ Company/Firm _____ Address _____ Phone _____ Fax _____		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.																			
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____																			
1 Basis For Claim <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Goods sold to debtor(s)</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> </tr> <tr> <td><input type="checkbox"/> Services performed for debtor(s)</td> <td><input type="checkbox"/> Severance agreement</td> <td><input type="checkbox"/> Wages, salaries and compensation (fill out below)</td> </tr> <tr> <td><input type="checkbox"/> Goods purchased from debtor(s)</td> <td><input type="checkbox"/> Refund</td> <td>Last four digits of SS# _____</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Real property lease</td> <td>Unpaid compensation for services performed from _____ (date) to _____ (date)</td> </tr> <tr> <td><input type="checkbox"/> Personal injury/property damage</td> <td><input type="checkbox"/> Personal property lease</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input checked="" type="checkbox"/> Other contract</td> <td></td> </tr> </table>				<input type="checkbox"/> Goods sold to debtor(s)	<input type="checkbox"/> Taxes	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Services performed for debtor(s)	<input type="checkbox"/> Severance agreement	<input type="checkbox"/> Wages, salaries and compensation (fill out below)	<input type="checkbox"/> Goods purchased from debtor(s)	<input type="checkbox"/> Refund	Last four digits of SS# _____	<input type="checkbox"/> Money loaned	<input type="checkbox"/> Real property lease	Unpaid compensation for services performed from _____ (date) to _____ (date)	<input type="checkbox"/> Personal injury/property damage	<input type="checkbox"/> Personal property lease		<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other contract	
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<input type="checkbox"/> Personal injury/property damage	<input type="checkbox"/> Personal property lease																				
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other contract																				
2 Date debt was incurred June 2002 modified in Oct. 2004		3 If court judgment, date obtained																			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case was filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 200,000 <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000), *earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5)																					
Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.																					
5 Total Amount of Claim at Time Case Filed \$ 200,000 (unsecured) \$ (secured) \$ (priority) \$ 200,000 (Total)																					
<input type="checkbox"/> Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.																					
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is For Court Use Only <div style="text-align: center;">  </div>																			
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed return envelope and copy of this proof of claim.																			
Date _____		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) and receive notice. Print _____ Title _____ Signature _____																			

ADDENDUM

Item 7:

Supporting Documents/Summary: In 2002, the parties entered into numerous oral and then written memorialization of agreements relative to the sale by Debtor to Creditor of approximately 5 acres of real property for \$65,000.00. When Debtor refused to eventually consummate the transaction and sell the property to Creditor, Creditor was forced in June 2002, to file a Complaint for, among other things, specific performance and breach of contract. Several months later, based upon other litigation Debtor had with others in the community, Debtor represented to Creditor that if Creditor were to dismiss the litigation, Debtor then would finalize the transaction for the sale of the property, and if it was unavailable, due to litigation, it would then sell comparable other real property to Creditor. Thereafter, Debtor again breached its agreement to the sell the property, but then thereafter entered bankruptcy protection. Contemporaneous written letters and memoranda memorializing discussions and agreements relative to the agreement, and modifications thereto; lawsuit, Notice of Lis Pendens, etc., filed in the Superior Court litigation, Humboldt County Superior Court.